

BEST AVAILABLE COPY

10/519569

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/	/	/	/	/	/	51		*	*	*	
2	/	/	/	/	/	/	52					
3	60		/				53					
4			/				54					
5							55					
6	60		/				'56					
7							57					
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10							60					
11							61					
12							62					
13	11		/				63					
14			60		/		64					
15							65					
16	/		1		/		66					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			3				TOTAL IND.					
TOTAL DEP.			14				TOTAL DEP.					
TOTAL TOT.			17				TOTAL TOT.					

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS